

No

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

IS THIS AN AMENDMENT? Yes

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMAT	ION		
Full name of committee (as on Statement of Organization) Check if this is a		to 5. Calendar Year to Date	ALL SPACES IN Column
KEELEGT WARD SURVEY	02	hancists visuatano arti	FILE MUNISPES ESSE
Acronym or abbreviated name, if any	3. Con	nmittee telephone number	County Station Sound
get his protections and generally set a minimum in plantage to	(3)	7,773-8	352
4. Mailing address (address where all campaign finance correspondence is received)	Check if th	is is a new address	
107 WATERMAN DRIVE	no ol a hous	ENT? Chick "Yes" if this if	IS THIS AN AMENDM
5. City, state, ZIP code	6. Par	ty affiliation (if applicable)	change and market au
NOBLESVILLE, IN 40000	K	EPUBLICA	2
CANDIDATE INFORMATION (For Candidat	e's Committ	tees Only)	
7. Full name of candidate (include any nickname)	8. Pari	ty affiliation or if independer	nt candidate
KENTON C. WARD	ones 107 e	KERBU	LICAN
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of residence	- DAY
HAMILTON COUNTY SURVEYOR	sens pobuloni	Homic	100
TYPE OF REPORT	THE REAL PROPERTY.	CONVENTION	CANDIDATES ONLY
11. Check one: 11. Check one: 12. Check one: 12. Check one: 12. Check one: 13. Check one: 14. Check one: 14. Check one: 15. Ch	etimingo et	Check one:	FEEN 4: Emet Die
Pre-Primary Pre-Election Annual Final/Disbands Committee (lines 18, 19,	and 20 must b	ne "0") Pre-Convention	on
Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Convent	tion
12. Reporting Period:	4.1 Jaco 95	COLUMN A	COLUMN B
From: APRIL 10, 2004 Through: Oct 8, 70	04	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	ty and ideas	8782,32	
14. Cash on hand and investments January 1, current year.			2151,05
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.	1	CHARLES IN	THE REPORT
15a. Itemized (use Schedule A)		1800	8550
15b. Unitemized	BESTE ONE VI	250	475
15c. Add lines 15 a and 15b in both columns	SUBTOTAL	2050	9225
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	10832,32	11374.05
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	ght by the own	2865	32 26
17b. Unitemized		60	242,73
17c. Add lines 17a and 17b in both columns	SUBTOTAL	2925	3468,73
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns	TOTAL	7907,32	7907.32
19. Debts OWED BY the committee (use Schedule D)		0	THE PERSON NAMED IN
20. Debts OWED TO the committee (use Schedule F)	Pinney to incut	73-	10-12-12-10-11-11-11-11-11-11-11-11-11-11-11-11-

Signature on File

CERTIFICATION

FOR OFFICE USE ONLY

2004 OC 13 VH 8:

files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER		
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)		(38)	Million
e miller of the part part of the entitle and t	Other Receipts: Interest Loan Misc. (specify)	d mailing address r regular party i	he full name at ar year (9200 flee's account.	anbles kwinca
Contributor's Occupation (if required)	sound publication arrange about	udistrico e priveti	s nertivi :TVATS	DRIST
2. Izuar se lo encirsárinos elegengos ubar velomas: B. Izrosop al encludrános nar	Contributions: Direct In-Kind (describe)	index year. Occi	PATION: Enter- during the call	0000 21,000
proprieta box. For in-kind contributions	Other Receipts: Interest Loan Misc. (specify)		evi. "Berkeri, "i OF CONTRIBU le tine general pi	B9YT hoasb
Contributor's Occupation (if required)	skilling	as specific as p	acellaneous", bi	m* 10-1
3 reclamad, brothers gratuation, brothers-	Contributions: Direct In-Kind (describe)	THIS PERBOR: I	THUCKA A MM her receipts for	COLU In or o
dauve contributions, including in-lund. Elis the same as the entry in Column	Other Receipts: Interest Loan Misc. (specify)			benefit Danife On the
Contributor's Occupation (if required)				A
n was received. For checks and money oney order in the committee a possunt, contributions are received when cash is	Contributions: Direct In-Kind (describe)	er the moran, de the controlles then or maked. P	RECEIVED: En	BATEI Orders NOT N
(IC 3-9-1-24.5) antribution for the controllers. (IC 3-9-1-	Other Receipts: Interest Loan Misc. (specify)	gee's account, N	mmoo onl in bel VEO BY: Enter	25) 25)
Contributor's Occupation (if required)				
TAL OF ALL PAGES ON SCHEDULE 2.2	Contributions: Direct In-Kind (describe)	se or schepulichadule, the figure	TAL THIS PAC the page of this S	ARDE O MO
	Other Receipts: Interest Loan Misc. (specify)	S ON SCHEDUR t of all pages on	OF ALL PAGE	CNLY Sheet
Contributor's Occupation (if required)				
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TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 1 15a of the Summary Sheet)	5-0		



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
TS NAME	CONTRIBUTO	
Page	of	_

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	ting of the controller for clarification contact the controller for clarification	Contributions: Direct In-Kind (describe)	The federal inco- ation, for example hether a confribut of the contributor.	a corporação chapter S corpor are uncertain v aderg the status	Sub you regs
	has siede one (1) or rapre contributions at exceeding \$100 (\$200 if regular party	Other Receipts: Interest Loan Misc. (specify)	nd mailing address hin the calandar y	stiffe full name uding in-kind) wi mittee).	itnis lani) mee
2.	cumulative receipts over \$100 within a	Contributions: Direct In-Kind (describe)	and mailing addre	r the full name	
		Other Receipts: Interest Loan Misc. (specify)	idhtnoo a princha	Milder's account DRTANT: When struck	SMI
3.	aproprieta hox. For in-kind contributions (gre., bumper stickers or medings, etc.).	Contributions: Direct In-Kind (describe)	DTON OR DTHE product or service se as apacific as p	E OF CONTIDE the general miscellencoust,	TYP desc For
		Misc. (specify)	T THIS PERIOD: I this reporting peri LATIVE YEAR-TO	UMN A AMOUN coner receipts fo UMN B CURU	
4.	the same as the entry in Column A.	n-Kind (describe)	concis calendar yes anch calendar yes Mar ilro month, da		
		Other Receipts: Interest Loan Misc. (specify)	sta the committee mitten or mailed. P nittee's account, M	b end emolibri a resw i stab end etted to the come	TOM 2020
5.	ntificuation for the committee, no 3 4-1-250. this page of Schedule A. If there is only a ALL PAGES ON SCHEDULE A.	Contributions: Direct In-Kind (describe)		TOTAL THIS PA	BUS. I SNO
		Other Receipts: Interest Loan Misc. (specify)	ES OF SCHEDUL at al pages on		Sheet
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	TOTAL OF ALL PAGES OF SCHEDULE		5 0		



State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.		Contributions; Direct In-Kind (describe)			
	ative receipts over \$100 within a calendar	Other Receipts:	ailing address of committee). This	Aped reinfer beuty	US2) 168Y
	is imparative to list the full name of the	Misc. (specify)	oludisinos a ginh	sine nedVV:IM	A (2404M) Siudalasa
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		Other Receipts: Interest Loan Misc. (specify)	is PERIOD: Entitle ting pariod.	A AMOUNT THE	other rece
	ontributions, including in-kind, transfers-in	E: Enter the cumulative of	E YEAR-TO-DAT	B CUMULATIVE	COLUMNI or other or
3.		Contributions: Direct In-Kind (describe)	scalendar year,	at report of eac	
		☐ Interest ☐ Loan	ne month, day, at littre deposited to each contribute when given or m	e date the comm n or mailed. Fo	DATE RESIDENT SEEMS WITH COMMITTEE
4.	s page of Schedule A. If there is only one NGES ON SCHEDULE A.	Contributions: Direct In-Kind (describe)	F SCHEDULE A	L THIS PAGE 0	SUBTOTAL Sugar of the
		Other Receipts: Interest Loan Misc. (specify)	F SCHEDULE As on Schedule A.	ALL PAGES C	TOTALL OF the total as
5.		Contributions: Direct In-Kind (describe)			
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	SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0		NEW DE
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
	from which the political action committee caucus caucus at be itemized regardines of amount.	Other Receipts: Interest Loan Misc. (specify)	nailing eddress. Laneless-in. ins committee, or re-	Nil name and a a transfer-in, Al political action	received committee
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	pproposite box. Fur in-kind contributions is, bumper stakers or mailings, etc.). For	ple taus to doubt hithur	REHTO RO NI LO OT SERVICE DI COLORE DI LICONO	CONTRIBUTE CONTRI	TYPE OF
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4.	the same as the entry in Column A. Is received. For checks and properly orders it the committee's account, NOT the date it the chartest within cash is deposited in the	Contributions: Direct In-Kind (describe)	e month, day, a lited deposited a cash contribute	ElVED: Enter to a date the comm a or mailed. Fo	DATE REI
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE
	FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED
1.	(street, number, city, state, ZIP code)	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
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	NOBLEWILE, IN 4600				
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		☐ Direct ☐ In-Kind (describe)		rigular party od	year (\$200
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		Other Receipts: Interest Loan			contributor.
		Misc. (specify)	явите яо	ионтивіятиоз	TYPE OF
	is, bumper stickers or mailings, etc.). For	gie have en doubt babi	ong ediknes no s	general produc	describe the
3.		Contributions:	encialed as of	ius , ce as speci	ensiesem
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		Misc. (specify)			
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	s page of Schedule A. If there is only one	0 -	A S DIRSUSS	an Boad out	IATOTSILIP
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	TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet)	\$1088,00		



Approved

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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(CFA-4 SCHEDULE B)

ITEMIZED EXPENDITURES

RECIPIENT'S NAME AND MAILING ADDRESS) (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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HAMILTON CONTY REPUBLICS	profession but switchedon	Birect In-Kind Payment of Debt Returned Contribution Other Purpose:	400	400	Code: Expectitus with holding
Hamilton County Resultantiany	DATE SAME OF EXPENDITIONS IN SECURITY IN CASE OF EXPENDITIONS OF EXPENDITIONS OF CASE OF CASE IN CASE OF CASE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1800	1800	10/1/04
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ETS ONLY ONG DEDS OF THIS BODGING, SHE LOF ALL PAGES ON SCHEDULE B.	SUBTOTAL OF THES PAGE Of the page of Schedule S. If the figure is the came as the TOTA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	TO TOUR ENDS	mpago pergos mirts, hats etc.	W - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
PAGE ONLY THE LAST PAGE PAGE ONLY TO THE LAST PAGE PAGE ONLY TO THE LAST PAGE PAGE ON THE PAGE OF THE PAGE OF THE PAGE ON THE	SUBTOTAL THIS PAG	E OF SCHEDULE B	\$ 2865		
	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of t	LAST PAGE ONLY	\$2865		



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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

	FILE NUMBER				
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Enter Text of Public Question	PUE	BLIC QUESTION INFORMA	ATION		
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Type of Question: Statewide Position: Supported Oppo	Local	2535 Enter the full reary and ments have been made.			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Ing rangel	☐ Direct	the amount of each expenditure as the cumulative	IN PERSON: Enlar AR-TO-DATE: Én	ey trejona a m	BU103
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	SUBTOTAL	THIS PAGE OF SCHEDULE C	50		
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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
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State Form 4606 (R10/11-03) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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NOTICE OF CONTRIBUTION OR EXPENDITURE TO CANDIDATE'S COMMITTEE

State Form 4761 (R6/11-01) Indiana Election Commission (IC 3-9-5-15)

INSTRUCTIONS: Please type or print legibly in black ink. See instructions on reverse side of the form. This form is to be used by an organization or a committee, other than the candidate's committee, that receives a contribution or makes an expenditure on behalf of a candidate. The treasurer of the organization or committee shall report to the candidate's committee all information about a contribution received or an expenditure made on behalf of the candidate that the treasurer of the candidate's committee is required to report about the contribution or the expenditure if it had been received or made by the candidate's committee. An expenditure is considered to be on behalf of a candidate if either of the following applies: (1) the expenditure is made in support of the candidate who is specifically identifiable; or (2) the expenditure is made in opposition to an opponent: (A) of the candidate; and (B) who is specifically identifiable. An expenditure is not considered to be made on behalf of a candidate if the expenditure is made to inform the members of the organization or for the development of the committee's political party.

Upon receipt of this form by the candidate's committee, the treasurer must enter the contribution or expenditure (transfer-in) in the committee's records for disclosure in the committee's Receipts and Expenditures Report (CFA-4 form). (IC 3-9-5-15)

DO NOT FILE THIS FORM WITH THE INDIANA ELECTION DIVISION OR ANY COUNTY ELECTION BOARD. THIS NOTICE IS TO BE GIVEN DIRECTLY TO THE CANDIDATE'S COMMITTEE.

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